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1.0 Purpose:

To provide a mechanism to facilitate the registration and in-patient admission of patients to Apollo Hospitals, Secunderabad


2.0 Scope:

All care providers in the hospital.

3.0 Policy:

- 3.1 Apollo Hospitals, Secunderabad welcomes all patients. No patient is to be denied admission due to race, color, religion, ancestry, financial class or nation of origin.
- 3.2 Patient shall be admitted to Apollo Hospitals, Secunderabad under consultants with admitting privileges. The patient's physician shall assess the condition and a provisional diagnosis shall be reached on admission.
- 3.3 All credit patient (Corporate, TPA etc.) admissions, in case of planned admissions shall require authorization prior to admission.
- 3.5 All patients getting admitted in the hospital shall register themselves with the hospital and shall be given a **unique hospital identification number (UHID)**.

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3.6 Admission formalities shall be done at the admission desk 24 hours a day. The admission desk shall guide the patient and attendants.

3.7 All mandatory information shall be mentioned in the handbook of in-patients guidelines and given to the patients /family member at the time of admission. One attendant pass shall be issued in view of restricting too many family members staying with the patient (the visiting hours also mentioned in the in patient guide).


3.8 Consultants, junior doctors, nurses, administrative staff and front office staff are familiar with the policies and procedures.

3.9 Types of Admissions:

3.9.1 Planned admissions:

This is an admission that is pre- planned for inpatient care based on the patient's presentation. All required admission paper work (including the authorization letter of the TPA) is to be submitted prior to admission. The admission face sheet shall be printed and the patient escorted to the appropriate area.

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3.9.2. Admission from outpatient department:

Patient shall be directly admitted from the outpatient department based on the patient's condition. The admission desk shall complete the necessary admission processes and the patient shall be transported to the assigned bed.

3.9.3. Admission from the emergency room:

Emergency room patients requiring admission shall be expected to have the request for admission form and other required information forwarded to the admission desk. The admission desk shall complete the admission process and the patient transported from the emergency room to the assigned bed.


3.9.4. Admission of patients from observation beds:

When an observation patient is determined to require in patient care, a copy of the attending physician's orders shall be sent to the admitting desk. The patient then is transferred to the assigned bed in the hospital.

4.0 Procedure:

4.1. Before admission every patient shall register themselves to have a **unique identification number** with which the patient is identified throughout his / her stay. At the time of registration the patient / attendant shall be explained about the


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consent for investigation, procedure, treatment and payment and obtain consent for the same.

- 4.2 The proposed care, expected results, expected cost, possible complications and the general consent shall be explained to the patient/family during the process of admission.
- 4.3 The patient shall have a right to choose his/her treating physician. Admission of the patient shall be carried out without any consideration of caste, creed, or religion.
- 4.4 In case if the patient is for any surgical/ invasive procedures; then the discussions shall include all aspects like proposed procedure / surgery, outcome, type of anesthesia, expected cost, etc. If the patient/ attendant are convinced, then an informed consent shall be obtained and the patient shall be asked to continue with other required work up.
- 4.5 In case, beds are not available in any category, the patients shall be stabilized in emergency and shall be transferred to another outside hospital with required facilities after explaining to the patient/ family members.

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- 4.6** Patients shall be offered a choice of patient rooms/beds. In the event of non-availability of the room of choice, the patient shall be allotted the best alternative room available.
- 4.7** When faced with shortage of beds in critical care; after discussing with the treating doctor, the ICU in-charge doctor shall transfer those patients who are stable to create beds for emergency needs.
- 4.8** The above procedures shall only follow after duly informing the Hospital Administrator or his designee.

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